

# IMPROVEMENT PERMIT

Davie County Health Department  
 210 Hospital Street  
 P.O. Box 848  
 Mocksville NC 27028  
 Phone: 336-753-6780 Fax: 336-753-1680

For Office Use Only

\*CDP File Number 329492  
 County ID Number: 5727597580  
 Evaluated For: New  
 Township:

PERMIT VALID UNTIL 05/06/2027

**\*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.**

Applicant: Stephen & Rebecca Grimaldi  
 Address: 249 Persimmon Grove Lane  
 City: Mocksville  
 State/Zip: NC 27028  
 Phone #: 843-364-3297

Property Owner: Stephen & Rebecca Grimaldi  
 Address: 249 Persimmon Grove Lane  
 City: Mocksville  
 State/Zip: NC 27028  
 Phone #: 843-364-3297

### Property Location & Site Information

Address/Road #: 249 Persimmon Grove Lane Subdivision: Mocksville, NC 27028 Phase: Lot:

#### Directions

Structure: ~~2-bedroom single family~~ Greenhill Rd to Persimmon Grove Ln.  
 # of Bedrooms: ~~Expanding to 3~~ Keep right at fork in the road.  
 # of People: will be 6 MAX  
 \*Water Supply: Public

Original Permit for 3BR  
 Expanding to 4BR  
Chris Waldrop 2/13/24

### System Specifications

#### Initial System

\*Site Classification: PROVISIONALLY SUITABLE  
 Saprolite System?  Yes  No  
 Design Flow: 480  
 Soil Application Rate: 0.25

Minimum Trench Depth: 18 Inches  
 Maximum Trench Depth: 20 Inches  
 Septic Tank: 1000 Gallons  
 1-Piece:  Yes  No  
 Pump Required:  Yes  No  May Be Required  
 Pump Tank: 1000 Gallons  
 1-Piece:  Yes  No

\*System Classification/Description: TYPE III B SYSTEM w/ SINGLE EFFLUENT PUMP  
 \*Proposed System: 25% REDUCTION

Repair System Required:  Yes  No  No, but has Available Space

#### Repair System

\*Site Classification: PROVISIONALLY SUITABLE  
 Soil Application Rate: 0.25

Minimum Trench Depth: 18 Inches  
 Maximum Trench Depth: 20 Inches  
 Pump Required:  Yes  No  May be Required

\*System Classification/Description: TYPE III B SYSTEM w/ SINGLE EFFLUENT PUMP  
 \*Proposed System: 25% REDUCTION



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**\*Site Modifications**

Open Fill Sheet

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

Chera  
Rema.  
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**\*Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

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Rema.  
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Site Plan

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to scale).

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Applicant/Legal Reps. Signature Required?  Yes  No

Applicant/Legal Reps. Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Issued By: 2976-ARIEL WALDROOP Date of Issue: 05 / 06 / 2022

Authorized State Agent: Ariel Waldroop  Valid without Expiration?  Create CA?

Hand Drawing  Import Drawing

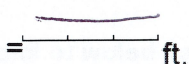
**\*\*Site Plan/Drawing attached.\*\***



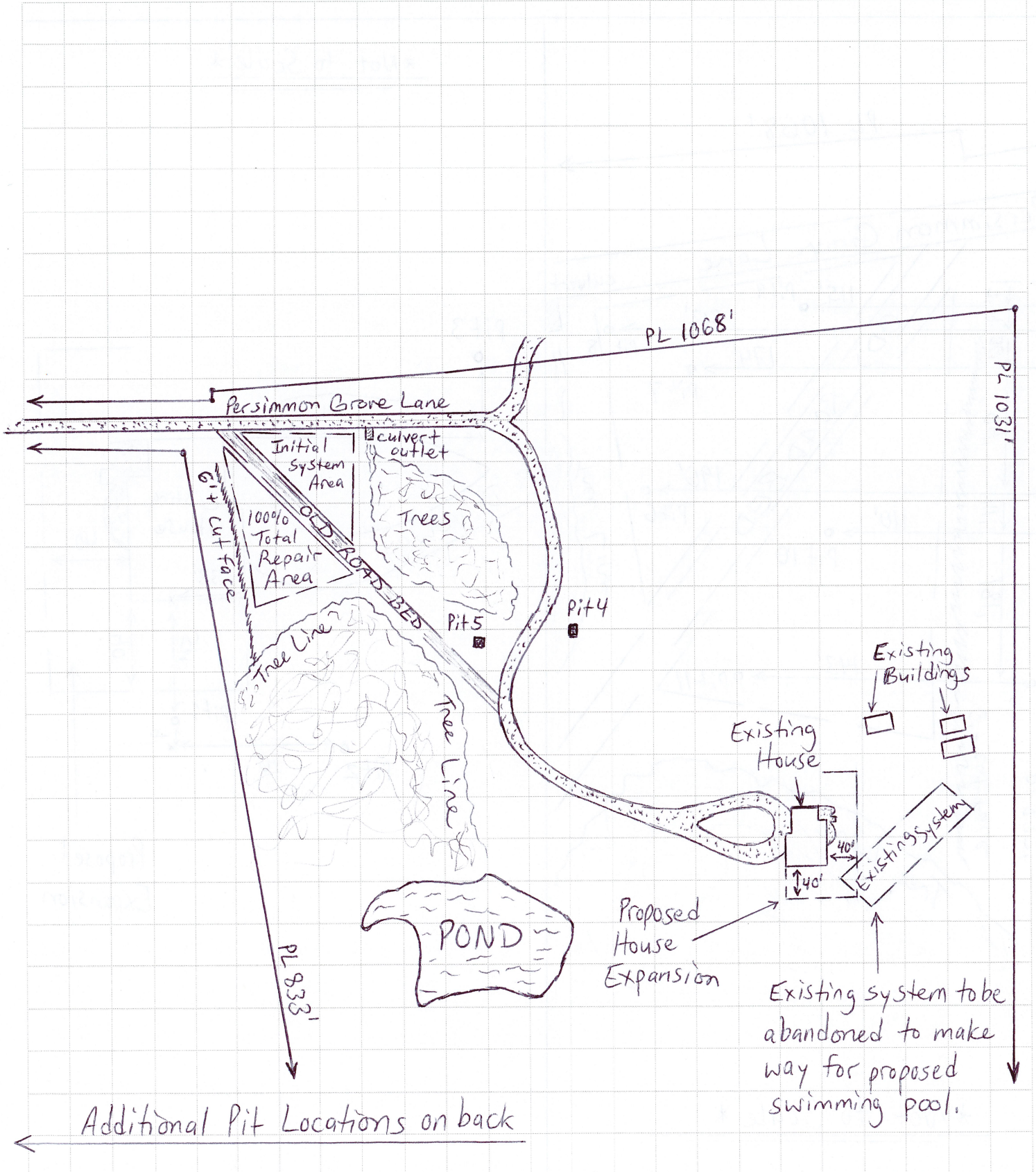
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Scale: Not to Scale  
○ Inch  
○ Block  
○ N/A =  ft.

**Drawing** Drawing Type: Improvement Permit



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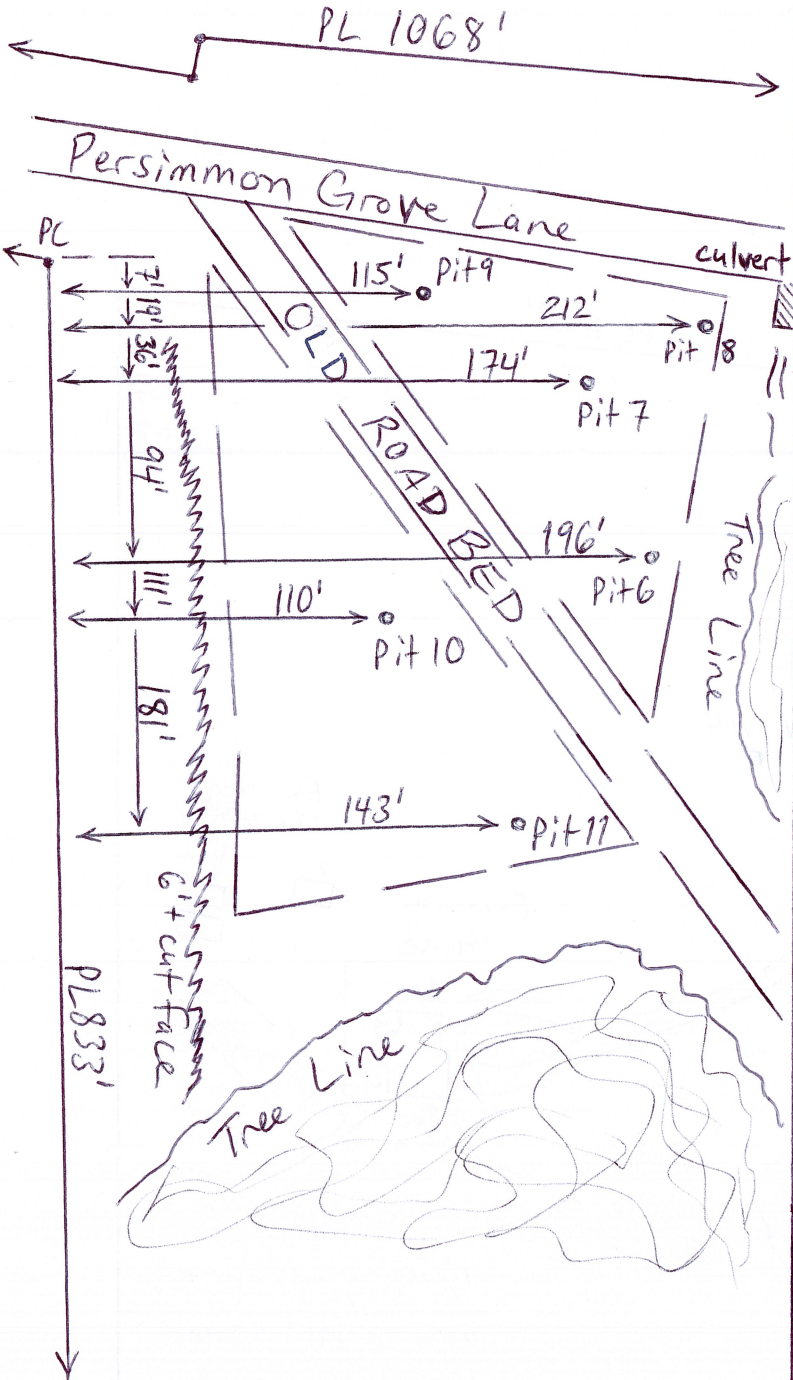
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Click below to import an image from an external location: Drawing Type: Improvement Permit



\*Not to Scale\*

\*Not to Scale\*

